KANSAS DEPARTMENT OF CORRECTIONS PRISONER REVIEW BOARD 714 SW JACKSON, SUITE 300 TOPEKA, KANSAS 66603 (785) 296-4524

DATE: / / REQUEST FOR PUBLICATION FOR CLEMENCY A check for \$_____ is enclosed to pay for the cost of publishing the notice shown below. The notice should be published one time only, between the _____ of ____. Immediately after publication, please return to the address below the affidavit of publication properly executed and a copy of the printed notice. This is necessary to meet statutory requirements, and the petitioner's application for Executive Clemency cannot be completed until proof of publication is received. Return to: Kansas Department of Corrections Prisoner Review Board 714 SW Jackson, Suite 300 Topeka, KS 66603 NOTICE OF PUBLICATION ____sentenced _____in ___County, Kansas, has applied for executive clemency. Persons wishing to comment should send information in writing to the above address within fifteen (15) days after the date of publication. **Attach Printed Notice Here:** Affidavit This is to certify that the above notice, a printed copy of which is attached, was published on_____ ______, which is the official county newspaper for _____County, Kansas. \$. Printer's fees: Signature of affiant:______ Title:______ Title:______ Location:______ SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____ 20_____ Notary Public

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My commission expires

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